

Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5248	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE SEP 25 2020	Name or number of rule(s): Title 23: Medicaid, Part 200: General Provider Information, Chapter 1: General Administrative Rules for Providers, Rule 1.6: Timely Filing.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code is being filed to require providers to submit claims to the Division of Medicaid for any claims recouped from providers by the CCOs within three hundred sixty five (365) days of the date of service or within ninety (90) calendar days of the recoupment from the CCO when the beneficiary moves from enrollment in a CCO to fee-for-service. Specific legal authority authorizing the promulgation of rule: 42 C.F.R. § 447.45; Miss. Code Ann. §§ 43-13-113, 43-13-117, 43-13-121

List all rules repealed, amended, or suspended by the proposed rule: 1.6

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

____ Original filing
____ Renewal of effectiveness
To be in effect in ____ days
Effective date:
____ Immediately upon filing
____ Other (specify): ____


PROPOSED ACTION ON RULES

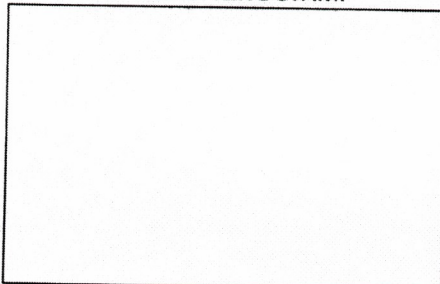
Action proposed:
____ New rule(s)
☒ Amendment to existing rule(s)
____ Repeal of existing rule(s)
____ Adoption by reference
Proposed final effective date:
____ 30 days after filing
☒ Other (specify): **DEC 01 2020**

FINAL ACTION ON RULES

Date Proposed Rule Filed: ____
Action taken:
____ Adopted with no changes in text
____ Adopted with changes
____ Adopted by reference
____ Withdrawn
____ Repeal adopted as proposed
Effective date:
____ 30 days after filing
____ Other (specify): ____

Printed name and Title of person authorized to file rules: Drew L. Snyder, Executive Director

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP

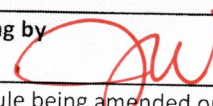
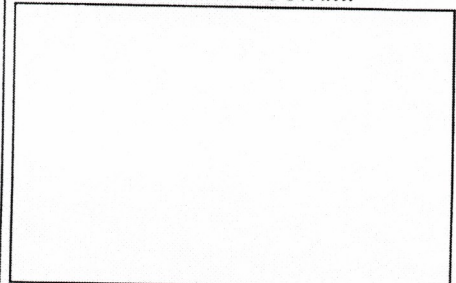
Accepted for filing by

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FILED
SEP 25 2020
MISSISSIPPI
SECRETARY OF STATE

Accepted for filing by

#25141


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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.